



**EDUCATION DIVISION  
RISING WATERS SAFARI CAMP  
WAIVER AND RELEASE FORM**

*(This form must be completed and returned to the program administrator before any program participation.  
Complete and mail to Cleveland Metroparks Zoo Education Division 3900 Wildlife Way Cleveland Ohio 44109)*

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Must be at least six years old.

Parent/Guardian Name *(if applicable)* \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ *(Home)* \_\_\_\_\_ *(Business)*

Name of Group \_\_\_\_\_

Date of Program \_\_\_\_\_

**PLEASE READ CAREFULLY**

**(Provisions in parentheses apply if the waiver is signed for a minor or ward)**

PHOTO RELEASE: I give Cleveland Metroparks permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Cleveland Metroparks with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand cautionary steps will be taken to provide minimum identifying information and no specific mailing address or phone number will be used.

- I AGREE (please sign below)**
- I DISAGREE (please sign below)**

A part of the consideration tendered for my (and my child/ward) being permitted to participate in an overnight program on \_\_\_\_\_, I agree (for and on behalf of myself and my child/ward) to, and do hereby, waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (or my child/ward's) participation in \_\_\_\_\_.

(If the participant is a minor, the parent(s)/guardian(s) must sign)

\_\_\_\_\_  
Participant/Parent/Guardian

\_\_\_\_\_  
Date

**MEDICAL TREATMENT INFORMATION MUST BE COMPLETED ON REVERSE SIDE** →

**CLEVELAND METROPARKS ZOO**  
**Rising Waters Safari Camp**  
**Medical Treatment Release**

To Whom It May Concern:

In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice

Name of Participant: \_\_\_\_\_

Must be at least six years old.

Dates when release is effective: \_\_\_\_\_

*(program dates)*

**Emergency Contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical History:**

Special Dietary Needs \_\_\_\_\_

Do you (or your child/ward) have any allergies, including reactions to insect bites/stings and food? (List)

\_\_\_\_\_

Are you (or your child/ward) taking any medication? \_\_\_\_\_

Medication

Reason/Ailment

\_\_\_\_\_

\_\_\_\_\_

Any history of medical problems or special circumstances we should be aware of ?

\_\_\_\_\_

\_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Physician/Ph # \_\_\_\_\_

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself or, in my absence, for the minor child/ward listed.

Signed \_\_\_\_\_ Phone \_\_\_\_\_

*(by adult participant or guardian of minor child/ward)*

Address \_\_\_\_\_ City/Zip \_\_\_\_\_